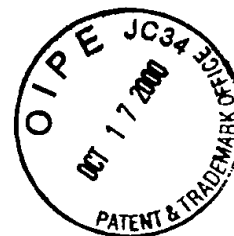


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Docket No.: 730033.409

Date: October 12, 2000

In re application of: **Nathalie B. Scholler et al.**Application No.: **09/441,411**Filed: **November 16, 1999**For: **SURFACE RECEPTOR ANTIGEN VACCINES**

RECEIVED

OCT 21 2000

ASSISTANT COMMISSIONER FOR PATENTS
 WASHINGTON DC 20231

Assistant Commissioner for Patents:

TECH CENTER 1600/2900

Transmitted herewith is an Amendment in the above-identified application.

- ☒ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under CFR 1.9 and 1.27 is enclosed.
- ☒ A Petition for an Extension of Time for three months is enclosed.
- ☐ A General Authorization Under 37 C.F.R. § 1.136(a)(3) is enclosed.
- ☒ No additional claim fee is required.
- ☒ The fee has been calculated as shown.

| | (Col. 1) | | (Col. 2) | (Col. 3) |
|---|---|-------|------------------------------|------------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST PREV. PAID FOR | PRESENT EXTRA |
| TOTAL | * 8 | MINUS | ** 20 | -0- |
| INDEP. | * 4 | MINUS | *** 4 | -0- |
| [] FIRST PRESENTATION OF MULTIPLE CLAIMS | | | | |
| EXTENSION OF TIME FEE | | | | |
| TOTAL ADDITIONAL FEE | | | | |

| SMALL ENTITY | |
|--------------|-------------------|
| RATE | ADDITIONAL FEE |
| x 9 | \$ -0- |
| x 40 | \$ -0- |
| + 135 | \$ |
| | \$ 445 |
| | \$ 445 |

OR

OR

TOTAL

| OTHER THAN A SMALL ENTITY | |
|------------------------------|-------------------|
| RATE | ADDITIONAL FEE |
| x 18 | \$ |
| x 80 | \$ |
| + 270 | \$ |
| | \$ |
| | \$ |

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 19-1090 in the amount of \$_. A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$ 445 is attached.
- ☒ The Assistant Commissioner is hereby authorized to charge payment of the following additional fees associated with this communication or credit any overpayment to Deposit Account No. 19-1090. A duplicate copy of this sheet is enclosed.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,
 Nathalie B. Scholler et al.
 Seed Intellectual Property Law Group PLLC

Stephen J. Rosen
 Stephen J. Rosenman, Ph.D., Registration No. 43,058